

Youth Program Job Order Form

*Thank you for listing your job/internship opportunities for youths ages 14-24.
Please use this form to post new jobs/internship.*

Job Order Information

Number of Openings: _____

Type of Job: _____
(SELECT ALL THAT APPLY)
Full-Time Part-Time Temporary Internship Summer

Minimum Age: _____ Wage: _____

Driver License Required: Yes No Is the business located on a bus line: Yes No

Job Title: _____

Job Description:

Computer Skills: _____

Language Skills: _____ Other: _____

Company Information

Company Name: _____

Industry: _____

Address: _____
(City, State, Zip Code)

Web site: _____

Contact Information

Contact Name: _____

Job Title: _____

Phone: _____

Fax: _____

E-mail: _____

*Please complete all fields on this form and email it to sbiagion@dlt.ri.gov; Fax to (401) 462-8722.
If you have any questions feel free to contact Sue Biagioni (401) 462-8723*